

<i>SERFF Tracking Number:</i>	<i>LDRX-125281508</i>	<i>State:</i>	<i>Arkansas</i>
<i>First Filing Company:</i>	<i>Bituminous Casualty Corporation, ...</i>	<i>State Tracking Number:</i>	<i>AR-PC-07-025994</i>
<i>Company Tracking Number:</i>	<i>WC AR07061CGR02</i>		
<i>TOI:</i>	<i>16.0 Workers Compensation</i>	<i>Sub-TOI:</i>	<i>16.0004 Standard WC</i>
<i>Product Name:</i>	<i>Item B-1387 - A Revision of Basic Manual Classific</i>		
<i>Project Name/Number:</i>	<i>2007 NCCI REFERENCE FILINGS/WC AR07061CGR02</i>		

Filing at a Glance

Companies: Bituminous Casualty Corporation, Bituminous Fire and Marine Insurance Company

Product Name: Item B-1387 - A Revision of SERFF Tr Num: LDRX-125281508 State: Arkansas

Basic Manual Classific

TOI: 16.0 Workers Compensation

SERFF Status: Closed

State Tr Num: AR-PC-07-025994

Sub-TOI: 16.0004 Standard WC

Co Tr Num: WC AR07061CGR02

State Status:

Filing Type: Rule

Co Status:

Reviewer(s): Betty Montesi, Carol
Stiffler, Brittany Yielding

Author: SPI Bituminous

Disposition Date: 09/05/2007

Date Submitted: 09/04/2007

Disposition Status: Approved

Effective Date Requested (New): 10/01/2007

Effective Date (New): 10/01/2007

Effective Date Requested (Renewal): 10/01/2007

Effective Date (Renewal):

General Information

Project Name: 2007 NCCI REFERENCE FILINGS

Status of Filing in Domicile:

Project Number: WC AR07061CGR02

Domicile Status Comments:

Reference Organization:

Reference Number:

Reference Title:

Advisory Org. Circular:

Filing Status Changed: 09/05/2007

State Status Changed: 09/04/2007

Deemer Date:

Corresponding Filing Tracking Number:

Filing Description:

Bituminous Casualty Corporation and Bituminous Fire and Marine Insurance Company are filing to adopt this advisory NCCI filing effective 10-1-07. The purpose of the filing was to update classifications and references involving two industries: Charitable/Welfare Organizations & Group Homes, and Bottling Operations

Company and Contact

Filing Contact Information

Bonny Taylor, Administrative Analyst
320 18th Street

btaylor@bituminousinsurance.com
(309) 732-0240 [Phone]

SERFF Tracking Number: LDRX-125281508 State: Arkansas
First Filing Company: Bituminous Casualty Corporation, ... State Tracking Number: AR-PC-07-025994
Company Tracking Number: WC AR07061CGR02
TOI: 16.0 Workers Compensation Sub-TOI: 16.0004 Standard WC
Product Name: Item B-1387 - A Revision of Basic Manual Classific
Project Name/Number: 2007 NCCI REFERENCE FILINGS/WC AR07061CGR02

Rock Island, IL 61201 (309) 786-3847[FAX]

Filing Company Information

Bituminous Casualty Corporation CoCode: 20095 State of Domicile: Illinois
320 18th Street Group Code: 150 Company Type: Commercial
Property and Casualty

Rock Island, IL 61201 Group Name: Bituminous InsuranceState ID Number:
Companies
(309) 786-5401 ext. [Phone] FEIN Number: 36-0810360

Bituminous Fire and Marine Insurance CoCode: 20109 State of Domicile: Illinois
Company
320 18th St. Group Code: 150 Company Type: Commercial
Property and Casualty

Rock Island, IL 61201 Group Name: Bituminous InsuranceState ID Number:
Companies
(309) 786-5401 ext. [Phone] FEIN Number: 36-6054328

<i>SERFF Tracking Number:</i>	<i>LDRX-125281508</i>	<i>State:</i>	<i>Arkansas</i>
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Filing Fees

Fee Required?	Yes
Fee Amount:	\$25.00
Retaliatory?	No
Fee Explanation:	
Per Company:	No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Bituminous Casualty Corporation	\$25.00	09/04/2007	15411838

SERFF Tracking Number:	LDRX-125281508	State:	Arkansas
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TOI:	16.0 Workers Compensation	Sub-TOI:	16.0004 Standard WC
Product Name:	Item B-1387 - A Revision of Basic Manual Classific		
Project Name/Number:	2007 NCCI REFERENCE FILINGS/WC AR07061CGR02		

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Carol Stiffler	09/05/2007	09/05/2007

<i>SERFF Tracking Number:</i>	<i>LDRX-125281508</i>	<i>State:</i>	<i>Arkansas</i>
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Disposition

Disposition Date: 09/05/2007

Effective Date (New): 10/01/2007

Effective Date (Renewal):

Status: Approved

Comment:

<i>SERFF Tracking Number:</i>	<i>LDRX-125281508</i>	<i>State:</i>	<i>Arkansas</i>
<i>First Filing Company:</i>	<i>Bituminous Casualty Corporation, ...</i>	<i>State Tracking Number:</i>	<i>AR-PC-07-025994</i>
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An error occurred rendering Disposition 125239626: null.

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<i>First Filing Company:</i>	<i>Bituminous Casualty Corporation, ...</i>	<i>State Tracking Number:</i>	<i>AR-PC-07-025994</i>
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Rate Information

Rate data applies to filing.

Filing Method:

Rate Change Type:

Overall Percentage of Last Rate Revision:

Effective Date of Last Rate Revision:

Filing Method of Last Filing:

Company Rate Information

Company Name:	Overall % Indicated Change:	Overall % Rate Impact:	Written Premium Change for this Program:	# of Policy Holders Affected for this Program:	Premium:	Maximum % Change (where required):	Minimum % Change (where required):
Bituminous Casualty Corporation	%	%				%	%
Bituminous Fire and Marine Insurance Company	%	%				%	%

Overall Rate Information for Multiple Company Filings

Overall % Rate Indicated:

Overall Percentage Rate Impact For This Filing:

<i>SERFF Tracking Number:</i>	<i>LDRX-125281508</i>	<i>State:</i>	<i>Arkansas</i>
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Effect of Rate Filing - Written Premium Change For This Program:	\$0
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Effect of Rate Filing - Number of Policyholders Affected:	0
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<i>SERFF Tracking Number:</i>	<i>LDRX-125281508</i>	<i>State:</i>	<i>Arkansas</i>
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Supporting Document Schedules

Satisfied -Name:	Uniform Transmittal Document-Property & Casualty	Review Status:	Approved	09/05/2007
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Comments:

Attachments:

AR - NAIC P&C TRANSMITTAL DOCUMENT.PDF
AR - NAIC RATE RULE FILING SCHEDULE.PDF

Bypassed -Name:	NAIC Loss Cost Filing Document for Workers' Compensation	Review Status:	Approved	09/05/2007
Bypass Reason:	not applicable to this filing			

Comments:

Bypassed -Name:	NAIC loss cost data entry document	Review Status:	Approved	09/05/2007
Bypass Reason:	not applicable to this filing			

Comments:


Property & Casualty Transmittal Document

1. Reserved for Insurance Dept. Use Only	2. Insurance Department Use only	
	a. Date the filing is received:	
	b. Analyst:	
	c. Disposition:	
	d. Date of disposition of the filing:	
	e. Effective date of filing:	
	New Business	
	Renewal Business	
	f. State Filing #:	
g. SERFF Filing #:		
h. Subject Codes		

3. Group Name	Group NAIC #			
Bituminous Insurance Companies	150			
4. Company Name(s)	Domicile	NAIC #	FEIN #	State #
Bituminous Casualty Corporation	IL	20095	36-0810360	
Bituminous Fire and Marine Insurance Company	IL	20109	36-6054328	

5. Company Tracking Number	WC AR07061CGR02
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Contact Info of Filer(s) or Corporate Officer(s) [include toll-free number]

6. Name and address	Title	Telephone #s	FAX #	e-mail
Bonny J. Taylor 320 18th Street Rock Island IL 61201	Administrative Analyst	800-475-4477	309-786-3847	btaylor@bituminousinsurance.com
7. Signature of authorized filer				
8. Please print name of authorized filer	Bonny J. Taylor			

Filing Information (see General Instructions for descriptions of these fields)

9. Type of Insurance (TOI)	16.0 Workers Compensation
10. Sub-Type of Insurance (Sub-TOI)	16.0004 Standard WC
11. State Specific Product code(s) (if applicable) [See State Specific Requirements]	
12. Company Program Title (Marketing Title)	
13. Filing Type	<input type="checkbox"/> Rate/Loss Cost <input checked="" type="checkbox"/> Rules <input type="checkbox"/> Rates/Rules <input type="checkbox"/> Forms <input type="checkbox"/> Combination Rates/Rules/Forms <input type="checkbox"/> Withdrawal <input type="checkbox"/> Other (give description)
14. Effective Date(s) Requested	New: 10/01/2007 Renewal: 10/01/2007
15. Reference Filing?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
16. Reference Organization (if applicable)	NCCI
17. Reference Organization # & Title	CIF-2007-07 Countrywide Item B-1387
18. Company's Date of Filing	09/04/07
19. Status of filing in domicile	<input type="checkbox"/> Not Filed <input type="checkbox"/> Pending <input checked="" type="checkbox"/> Authorized <input type="checkbox"/> Disapproved

Property & Casualty Transmittal Document

20.	This filing transmittal is part of Company Tracking #	WC AR07061CGR02
21.	Filing Description [This area can be used in lieu of a cover letter or filing memorandum and is free-form text]	

Bituminous Casualty Corporation and Bituminous Fire and Marine Insurance Company are filing to adopt this advisory NCCI filing effective 10-1-07. The purpose of the filing was to update classifications and references involving two industries: Charitable/Welfare Organizations & Group Homes, and Bottling Operations

22.	Filing Fees (Filer must provide check # and fee amount if applicable.) [If a state requires you to show how you calculated your filing fees, place that calculation below]
	<div data-bbox="180 1461 433 1520"> <p>Check #: EFT</p> <p>Amount: \$25.00</p> </div> <div data-bbox="151 1757 1304 1812"> <p>Refer to each state's checklist for additional state specific requirements or instructions on calculating fees.</p> </div>

***Refer to each state's checklist for additional state specific requirements (i.e. # of additional copies required, other state specific forms, etc.)

PROPERTY & CASUALTY RATE/RULE FILING SCHEDULE

(This form must be provided ONLY when making a filing that includes rate-related items such as Rate; Rule; Rate & Rule; Reference; Loss Cost; Loss Cost & Rule or Rate, etc.)

(Do not refer to the body of the filing for the component/exhibit listing, unless allowed by state.)

1.	This filing transmittal is part of Company Tracking #	WC AR07061CGR02
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2.	This filing corresponds to form filing number (Company tracking number of form filing, if applicable)	
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☐ Rate Increase
 ☐ Rate Decrease
 ☒ Rate Neutral (0%)

3.	Filing Method (Prior Approval, File & Use, Flex Band, etc.)	file and use
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4a.	Rate Change by Company (As Proposed)						
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Company Name	Overall % Indicated Change (when Applicable)	Overall % Rate Impact	Written Premium Change for this program	# of policyholders affected for this program	Written premium for this program	Maximum %Change (where required)	Minimum %Change (where required)
Bituminous Casualty Corporation	n/a	0	0	0	0	0	0
Bituminous Fire and Marine Insurance Company	n/a	0	0	0	0	0	0

4b.	Rate Change by Company (As Accepted) For State Use Only						
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Company Name	Overall % Indicated Change (when Applicable)	Overall % Rate Impact	Written Premium Change for this program	# of policyholders affected for this program	Written premium for this program	Maximum %Change (where required)	Minimum %Change (where required)

5. Overall Rate Information (Complete for Multiple Company Filings only)			
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		COMPANY USE	STATE USE
5a.	Overall percentage rate indication(when applicable)	n/a	
5b.	Overall percentage rate impact for this filing	0	
5c.	Effect of Rate Filing – Written premium change for this program	0	
5d.	Effect of Rate Filing - Number of policyholders affected	undeterminable	

6.	Overall percentage of last rate revision	-5.4
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7.	Effective Date of last rate revision	07/01/07
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8.	Filing Method of Last filing (Prior Approval, File & Use, Flex Band, etc.)	file and use
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9.	Rule # or Page # Submitted for Review	Replacement or withdrawn?	Previous state filing number, if required by state
01		<input type="checkbox"/> New <input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	
02		<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	
03		<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	

Effective March 1, 2007